New Jersey Department of Health and Senior Services P. O Box 361

Trenton, NJ 08625-0361

REQUEST FOR IMMUNOLOGICAL/ISOLATION SERVICES -CLINICAL SERVICES TESTING UNIT-

Lab ID No.		

COMPLETE ALL INFORMATION - MUST BE LEGIBLE TO AVOID PROCESSING DELAYS!

Name (Last, First, MI)						Zip Code	Pat	ient ID/SSN
Address					City	<u> </u>		
Sex		DOB			Ethnicity			
☐ Male ☐ Female / / /		1 1					panic/Non-Latino	
Race White (European, No American Indian					vaiian or 0 or African <i>i</i>	Other Pacific Islander American		Asian ☐ Other
Specimen Type	Date/Tir	mo.		Data	/Time			Date/Time
Serum:	Date/11	_	Bronchial	Date	/ I II I I E	☐ Tick		Date/Time
☐ Acute		_	Sputum			Other (Specif		_
Convalescent			CSF _				 _	
Exposure Date	Pertinent	Clinical Informa	ation (brief h	nistory, clini	cal finding	s, relevant lab data)		
Onset Date								
Onset Date								
Tests Requested	-				Eupaal Sa	prologios		Date/Time Received
<u>Tick-borne Disease Testing</u>				<u>Fungal Serologies</u> 92090 ☐ Aspergillosis				
92010 Tick Identifica	-] Blastom			
92020 Lyme Diseas						idomycosis		
92025 Lyme Diseas		(Tissue, Joint F	luid, etc.)		Histoplas	•		
92030 Lyme Diseas				92130	Cryptoco	occosis		
92040 Human Gran	-				Logiopollo	Tosting		
92050 Human Monocytic Ehrlichiosis					<u>Legionella Testing</u> 92140 ☐ Culture (Human)			
ozoco recent in opened rever (recht						Environmental)		
92000 ROCKY IVII. 5p	olled Feve	Serology				la Serology		
				Г	1 Other Te	ests (specify):		
						odia (apoony).		
Physician Name (Print)			<u> </u>					
Submitter Name and Mailin	g Address	Information		Phy	sician Tel	ephone Number		
					()	-		
(Name)				-	. ,			
						Number (including a	rea code)	1
(Address)				(if y	ou would l	ike results faxed)		
					()	-		
(City)		(State)	(Zip)	ļ				

REQUEST FOR IMMUNOLOGICAL/ISOLATION SERVICES -CLINICAL SERVICES TESTING UNIT(SRD-4) FORM

INSTRUCTIONS

IMPORTANT - PLEASE READ BEFORE COMPLETING FORM

COMPLETE ALL INFORMATION - MUST BE LEGIBLE TO AVOID PROCESSING DELAYS

FOR FURTHER INFORMATION AND PRICING, CALL 609-292-5819.

COMPLETE ONE FORM FOR EACH PATIENT: GIVE ALL INFORMATION REQUESTED ON FORM

ISOLATION

Collect specimens aseptically as soon as possible after onset or at autopsy. Label each specimen with patient identification, type of specimen, and date of collection. REFRIGERATE IMMEDIATELY, keep cold, and deliver to State Laboratory.* If delivery is delayed longer than 24 hours, specimens should be frozen at coldest temperature, -70 C. Do not add preservatives or fixatives.

IMMUNOLOGY

Acute and convalescent serum specimens are necessary to determine an immunologic response has occurred or increase in titer during the course of illness. Specimens should be submitted together unless prior arrangements have been made to test acute or only an acute specimen is appropriate.

Acute: Collect as soon as possible, preferably within 7 days of onset. Label with

patient's name and date collected on tube and form.

Convalescent: Collect 2 - 3 weeks after onset (Legionella 3 - 6 weeks; Lyme 6 - 12 weeks,

preferably 6; Rickettsiae 4 - 6 weeks)

Amount: Submit 3 - 4 ml. of serum; no preservatives. Hemolyzed specimens are not

acceptable.

TICK SUBMISSION

Place tick in a test tube or other airtight container (film canister, pill bottle).

Add moistened piece of paper towel, paper napkin, or cotton.

If submission is not immediate, refrigerate tick until ready for submission (no longer than 24-48 hrs.)

Label tick container with your name and date collected.

*DELIVERY

Ground deliveries should be made to:

NJ Department of Health and Senior Services Public Health and Environmental Laboratories Specimen Receiving Unit Warren and Market Streets Trenton, NJ 08611